DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Hearing Aid Providers Memorandum No: 05-46 MAA

Managed Care Plans Issued: June 29, 2005

From: Douglas Porter, Assistant Secretary For Information Call:

Medical Assistance Administration (MAA) (800) 562-6188

Subject: Hearing Aids and Services: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement a legislatively appropriated one (1.0) percent vendor rate increase.

Maximum Allowable Fees

The 2006-2007 Biennium Appropriations Act authorizes this one (1.0) percent vendor rate increase for MAA fee-for-service programs.

Bill MAA your usual and customary charge.

Billing Instructions Replacement Pages

Attached are updated replacement pages G.1 - G.4 for MAA's current *Hearing Aids and Services Billing Instructions*.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

Contact Information

Send reimbursement issues, questions, or	Send authorization issues, questions, or
comments to:	comments to:
DME Manager	Hearing Aids and Services Program Manager
Professional Reimbursement Section	Medical Assistance Administration
Division of Business and Finance	Division of Medical Management
PO Box 45510	PO Box 45506
Olympia, Washington 98504-5510	Olympia Washington 98504-5506
(360) 725-1845	(360) 725-1585
Fax # (360) 753-9152	Fax # (360) 586-1471

How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Fee Schedule

Hearing Aids for Adults and Children

Services and/or equipment for adults must meet program requirements.

Children's hearing aid equipment and services REQUIRE authorization from the client's local CSHCN coordinator.

Procedure Code	Description	Adult	Child	Modifier	07/01/05 Maximum Allowable
V5014	Repairs (includes parts and labor) and modification of a hearing aid (replacement of casing allowed no more than once in 5 years) For a hearing aid that is: • analog do not use an		X	RP (for casing only)	\$91.00
	• digital use EPA 870001021				137.00
V5030	Hearing aid, monaural, body worn, air conduction	X	X	RT, LT, or RP	428.80
V5040	Hearing aid, monaural, body worn, bone conduction (requires prior authorization when dispensed to adults 18 and over)	X	X	RT, LT, or RP	428.80
V5050	Hearing aid, monaural, in the ear (ITE). (A more powerful hearing aid for a hearing loss of 90dBHL or greater in the better	X	X	RT, LT, RP, or RR	purchase: 743.75 rental: 28.88

Modifiers

 $\overline{LT} = Left$ RT = Right RP = Replacement RR = Rental

Procedure Code	Description	Adult	Child	Modifier	07/01/05 Maximum Allowable
	ear or progressive hearing loss in the better ear)				

V5060	Hearing aid, monaural, behind the ear (BTE). (A more powerful hearing aid for a hearing loss of 90dBHL or greater in the better ear or progressive hearing loss in the better ear)	X	X	RT, LT, RP, or RR	purchase: 743.75 rental: 28.88
V5100	Hearing aid, bilateral, body worn (requires prior authorization when dispensed to adults 18 and over)	X	X		942.79
	dering a second, or two hearing	_		-	
age or	older you must the criteria or authorization	_	6 or hav	e prior	
V5130	Hearing aid, binaural, ITE (requires prior authorization when dispensed to adults 18 and over) (A more powerful hearing aid for a hearing loss of 90dBHL or greater in the better ear or progressive hearing loss in the better ear)	X	X		1,487.50
V5140	Hearing aid, binaural, BTE (requires prior authorization when dispensed to adults 18 and over) (A more powerful hearing aid for a hearing	X	X		1,487.50

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	loss of 90dBHL or				
	greater in the better ear or progressive hearing loss in the better ear)				
	idering binaural hearing aids you must meet the criteria on authorization	page E	•	_	
V5256	Hearing aid, digital, monaural, ITE (for hearing loss 50- 90dBHL average, when client meets criteria)	X	X		448.87
V5257	Hearing aid, digital, monaural, BTE (for hearing loss 50- 90dBHL average, when client meets criteria)	X	X		448.87
age or ol	idering a second, or two hearing der you must meet the criteria authorization	on pag	ge E6 or l		
	der you must meet the criteria	on pag			897.74
age or ol	der you must meet the criteria authorization Hearing aid, digital, binaural, ITE (for hearing loss 50-90dBHL average, when	on pag	ge E6 or l		897.74 897.74
v5260	der you must meet the criteria authorization Hearing aid, digital, binaural, ITE (for hearing loss 50-90dBHL average, when client meets criteria) Hearing aid, digital, binaural, BTE (for hearing loss 50-90dBHL average, when	on pag	ge E6 or l		

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The followi	not otherwise specified (prior authorization) (Copy of cost invoice required) ng codes have been discontinued service on and after July 1, 2005		
¥5246	Hearing aid, digitally programmable analog, monaural, ITE (covered only when approved as a limitation extension)	X	\$1,070.25
¥5247	Hearing aid, digitally programmable analog, monaural, BTE (covered only when approved as a limitation extension)	X	1,070.25
¥5252	Hearing aid, digitally programmable, binaural, ITE (covered only when approved as a limitation extension)	X	1,987.24
V5253	Hearing aid, digitally programmable, binaural, BTE (covered only when approved as a limitation extension)	X	1,987.24

Bill your usual and customary charge.

Payment will be the lesser of billed charge or the maximum allowable fee.

Mod	ific	ers

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